

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34333

State File No. _____

Registrar's No. 342

FILED NOV 10 1943

Registration District No. 177

Primary Registration District No. 5167

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Hutton Liberty
(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Effie Mc Clanahan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Wm McClanahan 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. 14th 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Quincy, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Henderson
13. Birthplace Callaway Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Fannie Henderson
15. Birthplace Callaway Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant George William McClanahan
(b) Address Hutton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18 1943 (Month) (Day) (Year)

(c) Place: burial or cremation New Richmond

18. (a) Signature of funeral director Hughes Maupin

(b) Address Quincy, Mo.

19. (a) Oct 18-1943 (b) Joe McClanahan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Hutton (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16th year 1943 hour 5 minute AM

21. I hereby certify that I attended the deceased from May 7, 1942, to Oct. 14, 1943; that I last saw her alive on Oct. 14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Recurrent Cerebral Hemorrhage Duration 3 Days
Due to Hypertension 8-10 yrs
Due to _____

Other conditions This patient has been Paralytic from cerebral hemorrhage.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 83a
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Clayd E. Hutchins (M.D. or other) Oct 16 43
Address Hutton, Mo Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Hughes Maupin

Licensed Embalmer No. *2358*

P. O. Address *Aux Vasse, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.